

GB10 Hand-arm vibration syndrome assessment

Company name		Project title	
Location		Contract no.	
Assessor		Person being assessed	
Occupation			
How many years have you been in this job?			
How many years have you been using hand-held vibration tools?			
How many days per week do you use hand-held vibration tools?			
Approximately how many hours per day do you use hand-held vibration tools? (Time spent when trigger pressed – not including time holding tool when trigger is not pressed)			
Are you (tick)	left-handed		right-handed
Which vibratory tools have been used most frequently during your career? (tick below)			
1. Road breaker		4. Poker	
2. Chipping hammer		5. Drills	
3. Compactor plate		6. Grinder or disc cutter	
		7. Strimmer	
		8. Scabblers	
		9. Other (please state)	
Do you wear gloves to keep your hands warm when using vibrating tools?	Always	Sometimes	Never
Do your fingers go white* in cold weather and are they slow to return to normal?	Always	Sometimes	Never
Have you noticed any tingling in your fingers that lasts more than a few minutes after using vibrating tools?	Always	Sometimes	Never
Have you ever noticed your fingers go numb in cold weather and are they slow to return to normal?	Always	Sometimes	Never
Do you have any problems with the joints or muscles of your hands or arms, such as the following? (tick all that apply)			
Pain	Swelling	Stiffness	Weakness
Fine movements	Other (please state)		
State trigger times for items being used			
Equipment	Make and model	Trigger (mins)	
Breaker (heavy)			
Drill (small)			
Petrol cut off saw			
4" grinder			
9" grinder			
110 v breaker			
Drill (heavy)			
Rip saw			
Jigsaw			
Other			
State duration of use	Hours	Minutes	
* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush			

GB10 Hand-arm vibration syndrome assessment *continued*

State mitigation measures required to eliminate/reduce hand-arm vibration syndrome exposure (such as job rotation, alternative working, newer equipment, and so on)

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I understand the content and importance of the assessment and I have answered the above questions to the best of my knowledge.

I agree to comply with the stated exposure duration that I understand must not be exceeded.

I give permission for my employer to pass on my completed hand-arm vibration syndrome assessment to my employer's external occupational health physician for evaluation purposes, if deemed appropriate.

Assessor

Name		Position		Signature		Date	
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Assessed

Name		Position		Signature		Date	
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